U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	QLMB TO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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. File Number U - 9357	2. Fiscal Year Covered From:
. ,	1 / 1 / 2004 Through: 12 / 31 / 2004
B. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Roy A Coulombe	Name Iron Workers Local 37
	Labor Organization File Number 023-416
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 32 Cabot Street	Street 845 Waterman Avenue
City Lincoln	City East Providence
State Rhode Island ZIP Code + 4 02865	State Rhode Island ZIP Code + 4 02914
(except as specified in the ex. Held an interest in, engaged in transactions (including loans) with	pouse or minor child directly or indirectly had any of the following interests colusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent.
(except as specified in the ex	clusions set forth in the instructions): or derived income or other economic benefit of
(except as specified in the ex. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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Name of Person Filing Roy Coulombe	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name T. W. District Council of New England Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 161 Granite Avenue City Dorchester State Massachusetts ZIP Code + 4 02124	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Lunch and Dinner	
Street	11.b. Approximate dollar value of such dealing.	\$66
City Caracata and	12.a. Nature of interest held or income received.	n in maka ang kana di inggala kana di dalah di ada ada da in maka di ada da inggala di dalah da inggala da ing
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State ZIP Code + 4	12.b. Amount.	
Expression and properties and the contract of		
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount. er parts A and B above)	
State ZIP Code + 4	12.b. Amount. er parts A and B above)	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name American Equipment Rentals Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	
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C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name American Equipment Rentals Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name American Equipment Rentals Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Fields Point Drive	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	

Name of Person Filing Roy	Coulombe	File Number U -
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name I. W. District Council of New England	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 161 Granite Avenue	c. Employer	
City Dorchester		
State Massachusetts ZIP Code + 4 02124		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (1999) Name	Lunch and Dinner	Western State of the State of t
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		On-Operation of Contract of Co
Street		
City Carlotte		Common Assertation
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$84
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	12.b. Amount.	to the factors of Principles and Salarian contents of the principal decomposition of the salarian contents of the salaria

Name of Person Filing	Rov	Coulombe

Part C Continuation Page

Part C Con	tinuation Page	
C. Received from any employer (other than an employer covered under parts payment of money or other thing of value.	A and B above) or from any labor relations con	sultant to an employer any
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Delta Dental	Lunch and Golf	- Principal Particular Andrea (Article (Articular Anticological Particular Anticological Anticologic
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO Box 1517		
Street		
City Providence	And the state of t	
State Rhode Island ZIP Code + 4 02901		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$125
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations cons	sultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the foreign and the same of the engine state, the same and adopted the following the change and property to be say
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations cons	ultant to an employer any
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
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Trade Name, if any:		
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Street		
City		
State ZIP Code + 4	A STATE OF THE STA	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
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